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Small Children Can Understand Reasons for Hospitalization

Any child, even a four-year-old, can understand why he is in the hospital if the reasons are explained to him in simple language, three San Francisco researchers said.

They said in a recent issue of the *Archives of Diseases of Children*, published by the American Medical Association, that a study of 100 children between the ages of three and 15 years showed that most of them were frightened and confused about why they were hospitalized, mainly because the reasons had not been adequately explained.

Only 25 children were able to give a good explanation and used medical terms which they understood. They seemed happier and more cooperative and showed that children are able to understand when explanations are given in simple terms, the authors said. For example:

A 10-year-old boy defined rheumatic fever as: "Your heart is tired and needs a rest."

A nine-year-old girl with hypothyroidism said she had a thyroid deficiency, which means: "I have no thyroid gland. A thyroid gland helps your food go all over your body, to grow, and if you don't take pills, you gain weight. I will have to take pills all my life."

An 11-year-old boy gave quite a lecture on nephritis, or as he said, "I have 'nethritis' in my kidneys, and I'm here for tests on me and to rest more."

He went on to explain, "It's not bad now, but if I walk around it will get worse and they can't stop it. . . . I'm not a bit worried. I know they will make me better, and if I stay in bed, I can't get any worse. Since I've been here, they've taken blood tests. They had to do it 13 times to get blood nine times. It didn't feel good, but if it shows I'm getting better, I'll never miss it."

A four-year-old girl, seen before she had her tonsils and adenoids removed, said, "They're going to take my tonsils out." She explained that her tonsils are "in the back of my throat, and they're going to take out something else back of my nose. I have to stay one and a half to two days."

The authors observed, "It is evident from the comments of the older boy and girl how important is the . . . child's understanding of his illness in relation to his cooperation with procedures and in his follow-through on future care."

Twenty-six children who had had no preparation for their hospitalization showed considerable confusion about the reason why they were there. For example:

An 11-year-old said, "My mother never told me. I guess 'cause I'm sick, so I can get better. Hard to remember. I don't think she did tell me though."

Twenty-two children had been given vague rea-

(Continued on Page 14)

Small Children Can Understand Reasons for Hospitalization

(Continued from Page 10)

sons. A three-year-old said, "To be fixed up." He was, however, unable to say what was to be fixed, the authors said.

A six-year-old answered, "To get me well," but he, too, was unable to elucidate further.

Twenty-seven children's only preparation had been overhearing symptoms or diagnoses, which further questioning revealed they did not understand.

A 10½-year-old boy said his spleen had been removed during an earlier hospitalization. He described his spleen as "a big, round thing that grows pipes; luckily mine didn't. A friend of mine's did, and they didn't get the pipes out and he died." He had no idea what the "pipes" were.

An even more confused explanation was given by a six-year-old boy in the hospital for fever of undetermined origin. He said he was there to find out why his head hurt, which he explained as:

"Mother thinks I got wool in my lungs from an old blanket. I passed some of it up through my nose.

(Continued on Page 31)

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Radiologist Calls for Wider Use of Chest X-Rays

A Wisconsin radiologist recently listed several reasons why a chest x-ray should be part of the routine procedure when a patient enters a hospital.

Dr. Abraham Melamed of Evangelical Deaconess Hospital, Milwaukee, and St. Joseph's Hospital, West Bend, Wisconsin, said in a recent issue of the *Journal of the American Medical Association* that routine chest x-rays are performed in only 30.1 per cent of all the hospitals in the United States.

Routine x-rays should be done in all hospitals, he said, because:

They uncover many previously unsuspected cases of chest abnormality or disease, especially tuberculosis and heart disease. Prompt treatment decreases the length of hospitalization, lengthens life, and stops the spread of communicable diseases.

They prevent some errors in diagnosis, since the films may be used as checks against other findings.

They provide valuable information to doctors

preparing patients for surgery by showing the condition of the patient's lungs and heart. In this way the x-ray findings often have a direct bearing on the choice of an anesthetic.

They provide a permanent record of a patient's chest condition during past hospitalizations. This helps make diagnosis of current conditions more reliable and accurate.

Since more than 20 million patients are annually admitted to hospitals in the United States, x-ray films could provide valuable data for the study of various diseases, their effects, and their incidence.

X-ray films can be important records in compensation and accident cases. They show the condition of the patient immediately after the accident and can even reveal unsuspected injury.

They plan an important role in the teaching program of the hospital, by providing the staff with an opportunity to learn the appearance of average or normal chest x-rays, which can then be compared with films of diseased chests.

Infectious Hepatitis Grows as Public Health Problem

Infectious hepatitis is creating more interest among public health workers than probably any other virus disease except polio, an American Medical Association publication stated.

The number of reported cases has "jumped dramatically" since hepatitis was added to the list of nationally reported diseases in 1952, and it is now the third most common infectious disease in the United States, according to an article in a recent issue of *Today's Health*.

"Whether this represents an actual increase in incidence or merely better recognition . . . is open to question. But one thing is certain: Never before has concern over it been so high," Miss Marion A. Briggs, a New York free lance writer, said in the article.

Its importance is not in the number of deaths it causes, which are few (only three to five in 1,000 cases), but in the long time its victims must spend in convalescence—from two to three months.

In addition, it is estimated that about 30 per cent of the adult population has had infectious hepatitis without knowing it. These mild unrecognized cases constitute a threat to a community since they provide unknown carriers of the disease, Miss Briggs said.

Infectious hepatitis, called "camp jaundice," "field jaundice," "catarrhal jaundice" and "infectious jaundice" in the past, is an inflammation of the

liver; one of its common symptoms is jaundice—a yellowish color of the skin and eyes.

A major problem created by the disease is that its causative agent—generally believed to be a virus—has never been isolated. This in turn has prevented the development of a specific treatment or a preventive vaccine. The best treatment is still bed rest and a good diet.

Hepatitis' most common means of spreading is apparently by personal contact. When one member of a family gets it, other members almost always get it too. It has been known to be spread by drinking water, food, and milk. Flies have also been suspected.

When an outbreak occurs, its spread can be largely controlled by immediately inoculating exposed persons with gamma globulin, the blood fraction which contains disease-fighting antibodies.

The incubation period is usually about 25 days, although it may be as long as 40 to 60 days. The symptoms include fever, chills, nausea, vomiting, diarrhea, joint and muscle pain, fatigue, loss of appetite particularly for fats, pain in the abdomen, itching, and a marked dislike for tobacco and alcohol. Jaundice, due to the accumulation of bile pigments in the blood and tissues, usually appears after four or five days and remains to some degree for three to five weeks.

Adequate bed rest during the acute phase and avoidance of alcohol and too much physical exertion for six months to a year are important in preventing such complications as chronic liver disease, the author said.

Injectons Used to Treat Low Back Pain

Much low back pain, sciatica and referred pain in the lower extremities can now be eliminated by a very simple treatment: injections of vegetable oil and an anesthetic.

Dr. George S. Hackett, Canton, Ohio, developed the treatment and has used it for the last 14 years. He said in a recent issue of the *Journal of the American Medical Association* that 82 per cent of 1,178 patients treated with the injections "consider themselves cured."

Dr. Hackett's injection treatment causes new cells to be produced in bone and fiber tissue at joints where the pain originates. It is based on his belief that relaxation of the ligaments which "weld" these joints is the cause of more low back pain and referred pain than any other factor.

When a ligament is relaxed, normal tension or movement stretches the fibers. This overstimulates the sensory nerves because they do not stretch. Thus pain is produced either at the site (called "trigger-point pain") or in some other part of body (referred pain).

The diagnosis that pain is the result of ligament relaxation can be verified by "needling" with a local anesthetic solution. The point of the needle is inserted within the disabled ligament. The irritation

produced by the needle together with the pressure of the solution will immediately produce the local pain and frequently the referred pain, both of which will disappear promptly as anesthesia takes place.

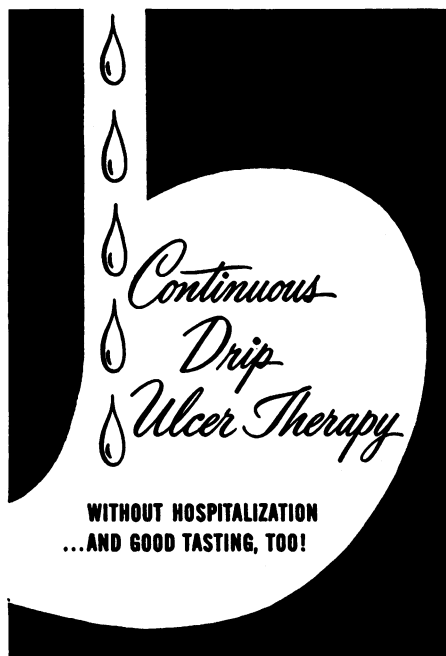
Treatment consists of making the ligaments and bone grow new tissue in the "weld" between the ligament and bone. This treatment is called "prolotherapy," which means stimulating production of new cells to rehabilitate an incomplete structure. A solution which causes the stimulation in the bone and fibrous tissue is injected into the relaxed ligament at its junction with the bone.

Treatment by as many as six injections is usually given in the doctor's office, but more incapacitated patients are treated in the hospital, where as many as 20 injections can be given in one day while the patient is anesthetized, Dr. Hackett said.

It usually takes a month for the production of new cells. Patients report for evaluation at the end of six weeks. They themselves know when they are cured, Mr. Hackett said.

His patients have ranged in age from 15 to 88 years. The duration of disability before treatment ranged from three months to 56 years, with an average of four and a half years.

Dr. Hackett pointed out that tendon attachments to the skeleton also become relaxed and respond to the treatment.



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*Steigmann, F., and Goldberg, E.: Ambulatory Continuous Drip Method in the Treatment of Peptic Ulcer, *Am. J. Digest. Dis.* 22:67 (Mar.) 1955.

†Mg trisilicate 3.5 gr.; Ca carbonate 2.0 gr.; Mg oxide 2.0 gr.; Mg carbonate 0.5 gr.

Small Children Can Understand Reasons for Hospitalization

(Continued from Page 14)

My x-rays show a black covering over my lungs, but I think it was from a fall."

The authors pointed out that children are quite observant of the examination and if the physician seems especially interested in some aspect, they are sure something is wrong. They said many areas of hospital routine can be modified to ease the child's fear. Painful procedures should be conducted in treatment rooms separated from the other children, and ward examinations should be done with an

awareness that the child is "an understanding individual with feelings," they said.

The authors are Dr. Helen Gofman, Wilma Buckman, M.S.W., and Dr. George Schade of the Pediatric Mental Health Unit at the University of California Medical Center.

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Thoracic Surgery, One Week, June 10
Esophageal Surgery, One Week, June 17
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Surgery of Hernia, Three Days, June 27
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BONAMINE

Varicose Leg Ulcers Treated With Human Placenta

A new rapid method for treating varicose vein ulcers by using human placenta was described recently by an Ohio physician.

Dr. Fred R. Denkwalter, department of surgery, Ohio State University College of Medicine, Columbus, said the treatment is similar to one devised for war wounds by a French army doctor.

He said in the American Medical Association's recent issue of *Archives of Surgery* that the method does not give a "permanent cure" to the problem of chronic leg ulcers. However, it does reduce the time and expense necessary for relieving the condition, while giving the patient complete freedom of movement. The time necessary for healing of the ulcers is a matter of weeks instead of months as with older methods.

The placenta is the round, flat organ within the womb which establishes communication between mother and child by means of the umbilical cord. As soon after delivery as possible, one layer of the placenta is washed with a salt solution, cut into cubes, and stored in jars. It can be kept in an ordinary refrigerator for as long as three weeks.

The cubes are cut into the required shape and placed in the ulcer crater after it has been cleaned. The ulcer is then covered with gauze and an elastic

bandage. The dressing must be changed at intervals.

Dr. Denkwalter used placenta to treat 22 varicose ulcers. Sixteen of these ulcers were obliterated during the first seven weeks of treatment, eight requiring four weeks or less for complete healing. In the others, a second application of placenta was necessary.

He explained that placental tissue "by its very nature is concerned with cellular growth" and it seems reasonable that the placental cells stimulate the growth of new cells in the ulcer crater.

The placental cells contain hormones, enzymes, vitamins, immune bodies, nutrients, and various other "chemical building blocks" which have a favorable effect on cellular growth. It is also possible, he said, that the placental material acts as a "lattice" through and around which healthy tissue may grow.

The placenta treatment for six leg ulcers from other causes, including hardening of the arteries and burns, was generally unsuccessful, he said.

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Standard Syphilis Tests Detect Other Diseases

The standard laboratory tests for syphilis at times help detect other diseases even before their physical symptoms appear, according to a guest editorial in a recent issue of the *Journal of the American Medical Association*.

Dr. Charles R. Rein and Louise C. Kelcec, M.T., of the New York University Post-Graduate Medical School and University Hospital said that persons who react positively to the standard syphilis tests—although they do not have syphilis—frequently already have or later develop one of the degenerative diseases. This false-positive reaction occurs

especially with rheumatoid arthritis and lupus erythematosus, a very serious skin disease. These patients may have positive test reactions one or more years before recognizable symptoms appear.

Because of the recent development of highly specific tests for syphilis, many laboratories are considering discarding the routine standard tests. However, this is not advisable, the authors said, since they are still the most effective screening device for syphilis. In addition, they offer—through the false-positive reaction—a means for early detection of such diseases as rheumatic fever, periarteritis nodosa, and scleroderma.

(Continued on Page 42)



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Standard Syphilis Tests Detect Other Diseases

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The false-positive reaction also eventually may play a role in helping researchers find the cause of lupus erythematosus and understand how it develops, they said. False-positive reactions occur in patients who react adversely to the prolonged use of hydralazine hydrochloride (Apresoline) for the treatment of hypertension. Because this drug reaction causes symptoms similar to those of lupus erythematosus, it might be used as a tool for studying the disease, they said.

Special Training Increases Hearing Aid's Value

Just buying and wearing a hearing aid is not enough, two Denver hearing specialists said recently. A deaf person must make sure that it is properly fitted and that he learns how to use it correctly.

Writing in a recent issue of the *Archives of Otolaryngology*, published by the American Medical Association, Dr. George L. Pattee and Lee A. Cary, M.A., said that training in the use of a properly-fitted hearing aid can greatly increase its value. For instance, one patient with nerve deafness improved

(Continued on Page 46)

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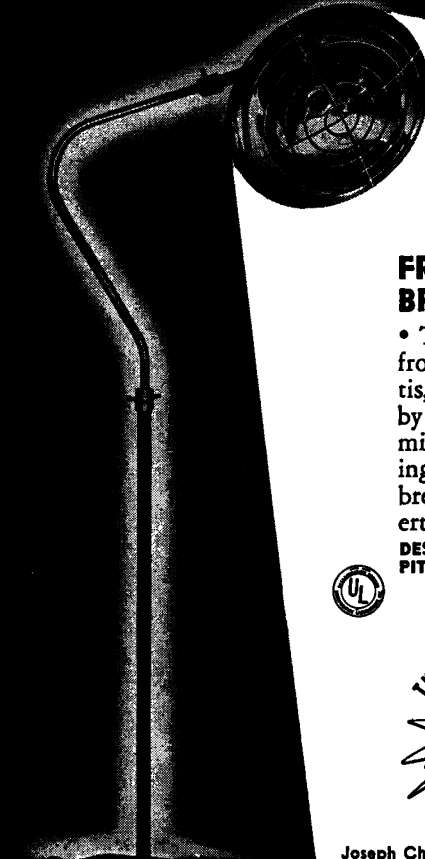
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(Continued from Page 42)

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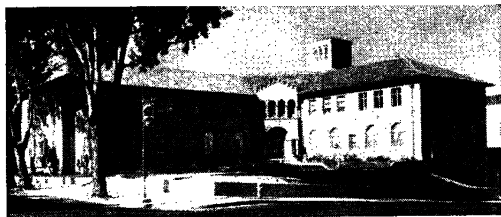
However, many patients not only fail to receive proper instruction in the use of their aids, but they also don't even bother to make sure their aids fit properly. They frequently fail to follow their physician's advice to go to their hearing aid dealer for correction, and to return for retesting to see whether the changes resulted in improvement.

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Five-year-old twin girls were fitted with hearing aids of different makes and then taught how to use them. Later testing indicated that one twin heard as well without her aid as she did with it. When she used her sister's aid she did much better. She was fitted with another aid and after six months of additional training she was making as good use of her hearing aid as was her twin sister.

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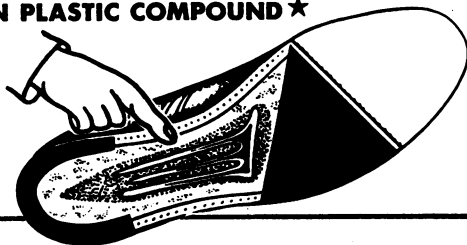
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Tube Used to Prevent Collapse of Lung

A "dead-space rebreathing tube" today was called a simple, inexpensive, and effective method for preventing and treating atelectasis, or collapse of the lung.

Three Rochester, New York, researchers said in a recent issue of the *Journal of the American Medical Association* that atelectasis is a common and often dangerous complication occurring after surgery or in situations such as pneumonia, in which secretions collect in the lungs and prevent them from getting enough oxygen.

Frequent coughing or turning by the patient helps somewhat, but breathing carbon dioxide is the best method for combating this complication.

The authors said breathing through a rubber tube, which is placed in the patient's mouth while his nose is held shut, is more effective than the standard method of breathing into a paper bag and less expensive and simpler than breathing pure carbon dioxide through a face mask. They have used the tube without difficulty for 1,000 patients at the Strong Memorial and Rochester Municipal hospitals, Rochester.

Here's how the dead-space rebreathing tube works:

When the breath is exhaled, some air still remains in the lungs in what is called "dead space." Of course, the air is changed as fresh air enters from the outside and carbon dioxide is given off.

However, if the tubes leading to the alveoli—the tiny air sacs from which oxygen enters the blood stream—become clogged with secretions, there is no way for the oxygen to enter the sacs and no way for the carbon dioxide to leave. So the alveoli shrink, or collapse, and the carbon dioxide accumulates in the blood.

This accumulation of carbon dioxide in the blood stimulates the nervous system to increase the breathing rate. Rapid breathing helps clear out the secretions and keeps fresh air moving into the alveoli.

However, during illness the body cannot always do this alone. That's where the dead-space tube enters.

Actually it serves as an extension to the lungs. Because not all the air can be drawn from the other end of the tube, a dead space occurs in the middle of it. The patient "rebreathes" his own carbon dioxide as it accumulates in the tube's dead space. This raises the blood carbon dioxide level and stimulates the breathing rate, which in turn helps unclog the lungs.

The tube is used once every two hours for five minutes. This is sufficient, the authors said, to keep the lungs unclogged and expanded.

The authors are Dr. Seymour I. Schwartz, Dr. W. Andrew Dale, and Hermann Rahn, Ph.D., of the departments of surgery and physiology at the University of Rochester School of Medicine and Dentistry.

California M E D I C I N E

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Symposium on Pain

Introduction by

ROBERT B. AIRD, M.D., San Francisco

PART I

PAIN, since it is the principal warning symptom of disease, is of great diagnostic value. Furthermore, when recurrent and intractable, pain assumes the proportions of a disease entity in its own right and may present difficult problems of management. Thus, pain is of primary importance to all branches of medicine—to general physicians and specialists alike. In the development of the present symposium, therefore, care has been taken to cover the basic factual data and concepts of pain—neuroanatomic, neurophysiologic and psychologic. With this background, problems of pain as seen by certain representative clinical groups have been included. Clinical groups were selected that would bring out recent advances in this field and that would illustrate the more common and important types of pain of interest to all branches of medicine.

The second reason for the development of this symposium concerned the unique opportunity afforded us by our guest faculty and the presence in the University of California School of Medicine of the "Biomechanics Group," headed by Dr. Inman, which for several years has devoted itself to the fundamental aspects of pain. Professor Georg Schaltenbrand, recent winner of the highest honor in German neurology, the Erb Medal, and director of the Neurological Clinic at Wurzburg, participated in

the clinical portion, while H. Houston Merritt, professor of neurology at Columbia and also director of the Neurological Institute of New York City, and Dr. Arnold Friedman, chief of the Headache Unit of the Montefiore Hospital, participated in the portion of the symposium devoted to headache. All are recognized authorities on their subjects. Because of their fundamental contributions, few, if any, other groups would be better qualified to discuss the basic concepts of pain than the members of the "Biomechanics Group" selected for this purpose.

This symposium on pain thus has been a logical and timely development both from the standpoint of its desirability and the unique opportunity afforded us of doing it well.

Basic Concepts

VERNE T. INMAN, M.D., San Francisco

THE LITERATURE on pain is extensive and confusing, and I think one of the reasons is that pain, in itself, is not a discrete form of sensation as classically presented in the textbooks. To assume that pain is a sensation comparable to the other exteroceptive sensations seems to me to make the problem more difficult by over-simplification. For all sensations, except pain, the body has created certain end organs, or certain mechanisms, by which it can record or react to such specific stimuli as light, sound, touch, pressure, and temperature. These are physical phe-

Sponsored by the Department of Neurology and the Biomechanics Group of the Department of Orthopedic Surgery, University of California School of Medicine, and Medical Extension, San Francisco 22.

Dr. Aird is professor and chairman, Department of Neurology, University of California School of Medicine, San Francisco 22.

Dr. Inman is professor of orthopedic surgery, University of California School of Medicine, San Francisco 22.

EDITORIAL

Men, Machines and Medicine

MEN BUILD AUTOMOBILES. Men drive automobiles. And, to the sorrow of all, men often drive automobiles into other automobiles, or into other objects, or off the road or in some other way which causes injury or death.

Last year the nation reported more than 40,000 persons killed and more than 1,350,000 injured, with more than 100,000 of the latter having permanent injuries. Three-fourths of these casualties were occupants of passenger cars.

Such statistics in the field of clinical medicine would immediately call for extensive research to discover the cause of disease and its cure. Health officers and practicing physicians would team up to search for ways to wipe out any illness which resulted in morbidity and mortality figures of this magnitude.

Today that sort of teamwork is a reality in the matter of automobile crash injuries. The medical profession is working with engineers, police officers, hospitals, statisticians and others in an effort to determine the cause of automobile injuries and to work for the elimination or decrease of the number and severity of these casualties.

An aim of the current study, which is being carried on by the Department of Public Health and Preventive Medicine of the Cornell University School of Medicine, is to determine the frequency and severity of injuries to various areas of the body. Coupled with this is a search for methods of designing automobiles in such a way as to eliminate or minimize both the frequency and severity of the injuries.

Earlier phases of research into automobile crashes have hinged mainly on engineering and educational studies. Highway engineers have learned to separate opposing lanes of traffic, to make crossings safer and otherwise design highways so that certain types

of accidents may not occur. However, even with the latest type of superhighway, accidents are not eliminated so long as human nature remains what it is and carelessness, inexperience, emotional instability, drunkenness and fatigue still are factors.

Under these circumstances, safety engineers have decided that there will continue to be accidents. If so, it is good sense to try to minimize their effects.

Out of the Cornell University and other studies have come some concrete ideas for automobile design. The depressed hub of steering wheels, seat belts, safety door catches and padded instrument panels are coming more and more into prominence, all the results of this type of study.

Research has shown that 71 per cent of all auto crash injuries are to the head. Studies into the human tolerance to force have shown that common structures such as airplane instrument panels, when constructed of light metal which would deform under impact, absorbing much of the energy, could be struck by the head at impact velocities of 40 to 50 miles per hour without causing skull fracture, loss of consciousness or subsequent evidences of concussion. Such knowledge is bound to be translated into automobile construction.

Data gathered on cars with safety catches on the doors, padding, seat belts, etc., show that occupants of cars with these have a reduction of 29 per cent in the risk of injury rated dangerous. As to improved door-locking mechanisms alone, statistics show that there is a reduction of 27 per cent in the chance of front doors opening on impact and a reduction of 50 per cent in the chances of passenger ejection. Present findings are that seat belts, properly designed and installed, can reduce injury rates by as much as 30 to 60 per cent, depending on the type of accident and other factors.

The medical profession's part in this study boils down to a careful report on injuries received in

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Council Meeting Minutes

Tentative Draft: Minutes of the 423rd Meeting of the Council, San Francisco, Mark Hopkins Hotel, March 3, 1957.

The meeting was called to order by Chairman Lum at 8:00 a.m., Sunday, March 3, 1957, in the Bonanza Room of the Mark Hopkins Hotel, San Francisco.

Roll Call:

Present were President Charnock, President-Elect MacDonald, Speaker Doyle, Vice-Speaker O'Neill, Secretary Daniels, Editor Wilbur and Councilors West, Wadsworth, Pearman, Harrington, McPharlin, Sherman, Lum, Bostick, Teall, Kirchner, Reynolds, Varden, Carey, Heron and Rosenow.

Absent for cause, Councilors Wheeler and Loos. A quorum present and acting.

Present by invitation during all or a part of the meeting were Messrs. Hunton, Thomas, Clancy and Gillette of C.M.A. staff; Messrs. Read and Salisbury of the Public Health League of California; county society executive secretaries or assistants Scheuber of Alameda-Contra Costa, Jensen of Fresno, Pettis of Los Angeles, Bannister of Orange, Foster of Sacramento, Donmyer of San Bernardino, Nute of San Diego, Neick of San Francisco, Thompson and Pearce of San Joaquin, Wood of San Mateo, and DeVere of Stanislaus; Doctor Jay Ward Smith, Associate Dean of Stanford Medical School; Doctor Walter E. Macpherson, Dean of College of Medical Evangelists, Doctor John B. deC. M. Saunders, Dean, and Doctor Malcolm Watts, Assistant Dean, of University of California School of Medicine; Doctors A. E. Larsen and William Gardenier and Messrs. K. L. Hamman, Etchel Paolini, Wilson Wahlberg and Richard Lyon of California Physicians' Service; Doctor John Adams of UCLA Medical School; Fred O. Field, legal counsel to the Los Angeles County Medical Association; Mr. Rollen

Waterson, consultant; Richard Blum, Ph.D., consultant; Floyd Heffron, executive secretary of the State Board of Pharmacy; Doctor Malcolm H. Merrill, state Director of Public Health; Doctor Walter E. Batchelder, medical director of the Cancer Commission; and Doctors Jay J. Crane, J. Lafe Ludwig, T. J. Rossitto, William F. Quinn, Joseph F. Sadusk, Jr., Francis J. Cox, John W. Cline, L. Henry Garland and Howard Naffziger.

1. Minutes for Approval:

(a) On motion duly made and seconded, minutes of the 422nd meeting of the Council, held November 10, 1956, were approved.

(b) On motion duly made and seconded, minutes of the 261st meeting of the Executive Committee, held December 6, 1956, were approved.

(c) On motion duly made and seconded, minutes of the 262nd meeting of the Executive Committee, held January 31, 1957, were approved.

2. Membership:

(a) A report of membership as of March 14, 1957, was presented and ordered filed. (Action taken March 17.)

(b) On motion duly made and seconded in each instance, 14 applicants were voted Associate Mem-

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Physician Reports Use of New Thyroid Hormone

A New York physician recently reported that he has narrowed down the field of thyroid gland substances to the one which appears to be the key actor.

Dr. Elmore M. Fields, Hempstead, N. Y., said in a preliminary report that a recently discovered hormone, sodium liothyronine, worked in thyroid gland illnesses when other thyroid preparations were only partly effective or even caused ill effects.

The report appeared in a recent issue of the *Journal of the American Medical Association*.

Dr. Fields used the hormone to treat 100 children suffering from hypothyroidism or metabolic insufficiency. The first is underactivity of the thyroid gland; the second is a condition thought to be caused by the body cells' poor use of thyroid products, and not by an inefficient thyroid gland.

Both hypothyroidism and metabolic insufficiency produce physical and emotional symptoms, including behavior problems, retarded growth, poor appetite, poor circulation, dryness of hair and skin, and constipation. However, in metabolic insufficiency, intelligence is normal, although many patients have poor school records, lack of ability to concentrate, and "don't care" attitudes. In hypothyroidism severe mental retardation and other severe physical symptoms can occur.

Thyroid extract, thyroglobulin, and thyroxin often give satisfactory results in the treatment of both disorders, Dr. Fields said. However, they are ineffective or only partially effective in some children and can cause side effects such as headache, increased irritability, or abdominal pain.

When he gave liothyronine to 40 children with metabolic insufficiency, the results were excellent in 22, good in 15, and fair in 3. Among 60 children with hypothyroidism the response was excellent in 35, good in 22, fair in two, and poor in one.

In almost all the children, liothyronine gave striking improvement in behavior, circulation, appetite, hair and skin texture, and bowel function, he said. During the original three-month test, the bone growth of many increased as much as 200 per cent beyond that expected for normal children of the same ages. Further treatment for nine months continued to produce improvement, he said.

In general, the response to liothyronine appeared to occur more rapidly than with other thyroid treatments, he said. None of the patients developed side reactions to the hormone, whereas 22 did after other treatments.

Dr. Fields concluded that liothyronine is an "effective, safe, and well-tolerated form of treatment" for the two disorders and that further studies are warranted.

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Physicians Go to Universities For Postgraduate Study

Physicians, who like to keep abreast of "what's new" in medicine, prefer to go back to medical schools for additional training instead of relying exclusively on courses at medical meetings, hospitals, or seminars.

The number of courses, excluding medical society meetings, held in the continental United States during the nine-month period from September 1, 1955, to June 1, 1956, was 886, with a total physician attendance of 37,081.

Medical schools offered half of the courses and 36 per cent of the hours, according to a recent report by the American Medical Association.

Medical school courses are preferred by doctors because they can play a more active role than they can at a medical meeting or seminar. Active methods, such as are followed in medical schools, include laboratory work for individuals and small groups, project work, ward rounds, and the examination and presentation of patients by the students themselves.

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(Continued on Page 76)

Constant Head Noises Can Be Corrected

If you constantly hear strange noises—even in a silent room—you don't have to "grin and bear it." The chances are that the condition can be corrected, a Philadelphia doctor recently stated.

Head noises, called "tinnitus" from the Latin for tinkling, are often more unpleasant than real sounds. You can always get away from an outside noise, but you can't escape what is inside your head, according to Dr. Albert P. Seltzer, assistant professor of otolaryngology at the University of Pennsylvania Graduate School of Medicine.

Deaf people have the highest rate of abnormal head noises, but they also occur in those with good hearing, he said in a recent issue of *Today's Health*, published by the American Medical Association.

Head noises arise when something produces abnormal stimulation of the hearing apparatus, he said. They may start without warning or develop gradually. They may be soft and purring, tinkling, quite loud, constant, intermittent, or may sound like wood being sawed, steam escaping from a train shed, or water rushing over a dam.

Some people have tinnitus only when falling asleep; others have it in the early stages of anesthesia. The noises may be in one ear or in both. Sometimes they are rhythmical, corresponding to the heart beat. To some people they resemble words or songs.

There are as many causes of head noises as there are types, Dr. Seltzer said. What causes tinnitus in one person may have no influence in another. However, physicians have already learned a great deal about the disorder and are constantly learning more. Under no circumstances should a patient despair of correcting the condition.

Dr. Seltzer explained that noise is normally heard only when sound waves in the air strike the ear drum, setting off a series of reactions in the ear and brain. Head noises occur when something other than external sound starts the chain of events. This may happen when wax or foreign substances block the external ear canal. Middle ear infection or abnormalities in the passage from the middle ear to the throat are also possible causes. All of these can be corrected medically.

Other possible causes, unrelated to the hearing parts, are hardening of the arteries, otosclerosis, head injuries, allergic reactions, disturbances of hormone balance, and lack of essential vitamins. Tinnitus may temporarily follow explosions or loud noises or permanently result from constant exposure to loud sharp noises. Then something should be done to reduce the environmental sound. Tobacco, alcohol, and various drugs such as quinine, aspirin, morphine, and streptomycin also may be causes.

Dr. Seltzer concluded, "Regardless of the causes, whether they be trivial or serious, the symptom

(Continued on Page 71)

Medical Schools Alert to National Defense Needs

American medical colleges are alert to the needs of the populace in the event of a national emergency.

A recent report by the American Medical Association shows that 25 colleges of medicine have already become active in the program of Medical Education for National Defense.

The purpose of the program is to encourage the teaching of military and disaster medicine by regular faculty members of medical colleges. All em-

phasis is on medical rather than military topics, the report said, adding that "it is hoped that the problem of national preparedness in medical education can be solved by interested faculty members on a local basis and under local control."

Constant Head Noises Can Be Corrected

(Continued from Page 66)

should be reported at once to a physician, because the earlier the treatment is sought, the more effective the correction will be."

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American Medical Association President Urges Immediate Polio Shots

The president of the American Medical Association recently urged all Americans under the age of 40 to be vaccinated against polio immediately.

In an editorial in a recent issue of *Today's Health*, the American Medical Association's consumer publication, Dr. Dwight H. Murray, Napa, California, said the Salk polio vaccine is effective and "safe beyond any question."

More than 45 million people have already received one or more injections. However, thousands of Americans are still not protected against the disease.

To help correct this situation, the American Medical Association has asked all affiliated medical societies and physician members to develop community vaccination programs. These are being carried out in cooperation with health departments, voluntary health organizations, Parent-Teacher Associations, service clubs, unions, industries, and every other group which can play a role.

He urged all parents to see that their children are vaccinated with the three necessary shots. He added that parents need the shots too. Polio is not just "a children's disease."

Dr. Murray said, "Urge your friends, relatives,

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CLASSIFIED ADVERTISEMENTS

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One Citizen's Subtle Humor

The American Medical Association headquarters office in Chicago receives bags of mail each day, but seldom have they ever received a more bilious letter than the one which came in recently from a Morristown, N. J., citizen with a sense of humor. Countless fund drives to eradicate countless diseases motivated his letter which was addressed to the American Medical Association.

Gentlemen:

For many years past I have been what might be termed an amateur student of medicine. I have also been interested more particularly in the organizations which have taken upon themselves the collection of monies to be devoted largely to the eradication of various diseases which still plague mankind.

Lately, this matter of raising funds for research looking to the cure of some dread malady has so intrigued me that I am seized with an uncontrollable desire to start a Foundation of my own. I have an impressive roster of sponsors, including such well known names as James DeWitt Rockefeller, (local boy), Horace Pulham Whitney (an up country lad) and many more equally famous. I have had an impressive letterhead designed by a leading commercial artist. I have an exceptionally fine mailing list of persons in the upper income brackets.

My purpose in writing to you, gentlemen, is to plead for your assistance in one simple aspect of my plans, namely won't you select a good disease for me? I have thought of beri-beri, pellagra, elephantiasis, trichinosis and many others, but when I look up the words in the dictionary, I always encounter some difficulty; the first three are tropical and I don't want to have to confine my efforts to the deep south. The fourth has something to do with pigs and certainly does not have the romantic urge so sorely needed for the success of a project of this kind. I rather fancied leukemia but only recently it was taken by another group. (I always thought it was a cancer of the red blood cells but I guess I was wrong.) Do you think that "Auricular and Ventricular Fibrillation" has possibilities? It has a beautiful ring to it, a sort of poetic, rhythmic cadence and even though it is only a mild heart condition, I doubt that many prospective donors would look it up.

But I shouldn't be expatiating on my own ideas when I intend to be guided solely by your good advice in the matter. Might I also suggest that you name an alternate, since by the time your letter arrives, the first selection may already be taken.

When I really have my organization in a sound financial position, I plan to underwrite what might be termed an auxiliary charity. With the continuing success of the Salk vaccine, there will undoubtedly be many people in that field without jobs and I propose in so far as possible to absorb them into my organization, thus avoiding a major unemployment problem.

It follows, therefore, that the ailments you suggest must present almost insurmountable obstacles to the research scientists, since I do not want them

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CLASSIFIED ADVERTISEMENTS

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OFFICES FOR RENT OR LEASE (Continued)

FOR LEASE: Medical Suite in newest Medical Building in Costa Mesa. Ideal opportunity for residential family practice. Lease available. Contact P.O. Box 295, Newport Beach, California.

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Pollen Study Suggests Atomic Fall-Out Protection Method

Two Milwaukee researchers recently concluded from studies of pollen and mold fall-out that a city should be safer from atomic fall-out than the surrounding country.

Only in the event of a direct hit would the city be more dangerous, Dr. Herman A. Heise and Eugenia R. Heise, M.T., wrote in a recent issue of the *Journal of the American Medical Association*.

They explained that a city is usually warmer than the surrounding country. The rising warm air currents above the city carry solid particles—pollens, molds, and radioactive particles—aloft and keep them there. They fall to the ground when there are no upward air currents, especially when the air nearer the earth is cooler than the air above it.

The researchers suggested that this knowledge could be applied to prevent "the hysterical exodus from a city to a more dangerous rural area in the event of an atomic attack."

The city could be made even safer, they said, by artificially increasing the city's naturally high temperature. This could be done by heating houses, turning on street lights and opening windows on the leeward side. Even an isolated village or a single residence might derive some protection by lighting fires on the windward side, which would produce upward air currents.

The researchers constructed a model city above which they scattered mold spores. The powder then resembled a cloud that settled slowly and unevenly upon the miniature buildings and lawns. When the city was warmed slightly to a temperature above that of the air, the clouds over the city billowed perceptibly but kept their distance from the ground and were finally dispersed over the rural areas.

The researchers also took pollen and mold samples from the air above and about a city on the west shore of Lake Michigan at a time when the wind was from the southeast. They found that the "country" pollen count, as represented by the count made on the south, or windward, side of the city was the highest. The lowest was on the northwest, or lee, side.

What happened was this: The wind carrying pollens and molds blew horizontally over the country south of the city. Then it met the warm air rising over the city, which pushed up the air containing the pollen and molds. In that case, there was no fall-out over the city.

Fall-out happens this way: When pollens and molds get high enough, they became stable because rising warm air holds them up. When the air below becomes cooler, it stops rising and the pollen falls. For instance, the greatest fall-out ordinarily occurs at night and early morning when radiation from the earth causes the air to be cooler near the earth's surface.

American Medical Association President Urges Immediate Polio Shots

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and business associates to be vaccinated. If you belong to an organization, try to make polio vaccinations for every member under 40 a goal for 1957."

Three shots are needed for maximum effectiveness. The first two are usually about two weeks apart, although this can be varied to suit the circumstances. The third is given about seven months later.

Dr. Murray concluded, "The sooner you receive

the injection the better, in order to develop immunity before the next polio season begins in June. . . . Your neighbor's vaccination is no protection for you."

One Citizen's Subtle Humor

(Continued from Page 82)

to arrive at a successful conclusion in a mere matter of a year or two. Such an unhappy contretemps would only necessitate a fresh start, all of which would be demoralizing to staff and contributors.

I await with anxiety your prompt reply. Thank you!

—A.M.A. Secretary's Letter



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